



3738
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PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

64

Application Number

10/607,836

Filing Date

June 27, 2003

First Named Inventor

Bhat, Vinayak D.

Art Unit

3738

Examiner Name

Unassigned

Attorney Docket Number

020460-001691US

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard EP Search Report Cited References |
|---|---|--|

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------------------|----------|--------|
| Firm Name | Townsend and Townsend and Crew LLP | | |
| Signature | | | |
| Printed name | Nena Bains | | |
| Date | November 23, 2004 | Reg. No: | 47,400 |

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PATENT
Attorney Docket No.: 020460-001691US

On 11/23/04

TOWNSEND and TOWNSEND and CREW LLP

By: London Clark

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

BHAT, VINAYAK D. et al.

Application No.: 10/607,836

Filed: June 27, 2003

For: DEVICES DELIVERING
THERAPEUTIC AGENTS AND
METHODS REGARDING THE SAME

Examiner: Unassigned

Art Unit: 3738

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A-B are being called to the attention of the Examiner. The references were cited by the International Search Authority in a related European application. Copies of the references are enclosed. Also enclosed is a copy of the Search/Examination report corresponding to the European application.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

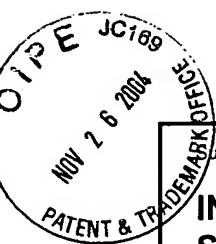
However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Nena Bains
Reg. No. 47,400

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 415-576-0200
Fax: 415-576-0300
NB/lc
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| Substitute for form 1449B/PTO | | | | Complete if Known | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | | Application Number | 10/607,836 |
| | | | | Filing Date | June 27, 2003 |
| | | | | First Named Inventor | Bhat, Vinayak D. |
| | | | | Art Unit | 3738 |
| | | | | Examiner Name | Unassigned |
| Sheet | 1 | of | 1 | Attorney Docket Number | 020460-001691US |

| U.S. PATENT DOCUMENTS+ | | | | | |
|------------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| FOREIGN PATENT DOCUMENTS | | | | | | | | |
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| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ | Number ⁴ | Kind Code ⁵ (if known) | | | | |
| | AA | EP | 0950386 | A2 & A3 | 10-20-1999 | Cordis Corp. | | <input type="checkbox"/> |
| | AB | EP | 1277449 | A | 01-22-2003 | Sorin Biomedica Cardio | | <input type="checkbox"/> |
| | AC | WO | 02/083039 | A | 10-24-2002 | Advanced Cardiovascular | | <input type="checkbox"/> |
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| NON PATENT LITERATURE DOCUMENTS | | | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.